

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90099 022 ****61.25

DOCUMENT # 764035

1. Entity Name
SARASOTA CONVENTION AND VISTORS BUREAU, INC.

Principal Place of Business 655 N TAMiami TRAIL SARASOTA FL 34236	Mailing Address % H. WILLIAM SCOVILL 1605 MAIN STREET #912 SARASOTA FL 34236
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00011020



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2189967	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SCOVILL, H. WILLIAM 1605 MAIN STREET #912 SARASOTA FL 34236		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOLDAN, HOWARD BUDGET RENT A CAR SARASOTA FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Director Virginia Haley 655 N. Tamiami Trail Sarasota, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STARR, LARRY LONGBOAT ACCOMMODATION LONGBOAT KEY FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CUNNINGHAM, SHARON 1030 SEA SIDE DRIVE SARASOTA, FL 00000 34242	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERCE, DAVID P.O. BOX 602 VENICE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PICCOLO, FRED SARASOTA BRADENTON AIRPORT SARASOTA FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHERRY, BARBARA BEST WESTERN ROYAL PALM, 3407 BAYSHORE RD, SARASOTA FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Virginia Haley* **REQUIRED** *Virginia Haley* 1-21-01 941 955 0991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)